My vision for Emergency Medicine in Ireland

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“La révolution de la vieillesse”

From the foundation of the Irish Association for Emergency Medicine in 1989, there have been significant improvements in the provision of emergency care in Ireland. Members of IAEM have been to the forefront of care delivery and patient advocacy over the past 30 years. More recently, in the face of austerity, Irish EM has forged ahead with a flourishing core and advanced training program, enhanced critical care provision, point of care ultrasound and has steered a direction for trauma reconfiguration. The coming years will provide many challenges for Irish EM, given finite resources and the expected demographic expansion of frail geriatric patients with increased medical complexity and ever increasing societal expectations. This represents an opportunity for our EM community to provide patient centred solutions, and drive further development and exploitation of prehospital care, telemedicine and the translation of research into action to enhance care provision. But that is not all.

The Central Statistics Office has predicted the population of those over 65 to increase from 629,800 persons to nearly 1.6 million by 2051. The aging population of developed countries continues to create a large and disproportionate demand on emergency departments. We need to refocus and reconfigure how we deliver care to this special population. Take triage for example. We presently use the Manchester Triage Tool in isolation when triaging geriatric attenders, yet we know that the elderly are more likely to present with more subtle clinical signs and blunted physiological responses to acute illness1. The “Identification of Senior at Risk” tool is a validated tool which could be easily incorporated into the standard triage of geriatric patients, where a score of 2 or greater would trigger a review by a clinicians with special training in geriatric emergency medicine2. There is precedent for alternate triage systems for different groups of patients, with IAEM being instrumental in the development of the Irish Children Triage System. The development of a similar effective and safe geriatric triage system must be a prioritised action in the coming years.

The proposed “Acute floor” model of care delivery will, enable us to make better, earlier use of the Acute Medical Assessment, Acute Surgical Assessment, Acute Psychiatric Assessment, Acute Paediatric Assessment and Acute Cardiac Assessment Units, while maintaining emergency medicine at the centre as the ‘Big Front Door’, because we are the 24/7/365 service with an exponentially greater volume of patients than the other named parts of the acute floor jigsaw. The Emergency Medicine curriculum to which we train allows us safely and effectively navigate a complex system of specialist providers to ensure the octogenarian who lives alone and presents having fallen, with a wound on his forehead and a sore wrist has his injuries managed, his urosepsis and hyponatremia identified and a holistic package of care provided to get him safely home with added supports with minimal delay. The proposed Rapid Assessment Streaming Triage and Treatment Area (RASSTA) at Cork University Hospital will ensure that the acute floor assets are sweated and patients who will gain added value from acute medicine or acute surgery or require a Clinical Decision Unit admission under EM, go direct to these locations with minimal wasted time. An Acute Floor Information System (AFIS) is vital to the safe and efficient functioning of the acute floor model. My vision is that clinicians will be issued with iPADs that allow an electronic patient record with decision support prompts built in to enhance patient safety and our overall efficiency. AFIS will time stamp, facilitate audit and most importantly capture discharge diagnosis vital in the context of activity based funding so emergency care receives the remuneration it deserves and requires.

Recently, my 78 year old grandmother attended her local ED having sustained a suspected fracture neck of femur. She arrived by ambulance, and was met on arrival by an ED specialist registrar pre-alerted by the ambulance service. An x ray was performed within minutes, and a fascia iliaca block was administered. She was in a bed on the Trauma ward within two hours of arrival, pain free and comfortable. My grandmother benefited from the national neck of femur pathway, a ‘bounty based pathway’ where meeting pre-set targets infer a monetary reward to the hospital. This model can be used to enhance other pathways and encourage buy-in from in-house teams and services for certain cohorts of geriatric patients. A simple suggestion might be a target time for assessment and discharge or transfer to a ward of those at extreme old age (>85 years), with a ‘bounty’ if the standard is met. This would have an immediate effect on the ‘queue to heaven’s gates’ we currently see on our ED corridors. Evidence is clear that getting an 85 year old to a comfortable, less noisy, less bright environment will reduce the likelihood of delirium complicating their medical journey and reduce their length of stay2, 3. Reward tariffs need not only apply to admitted patients. Pathways that allow patients be managed at home, in keeping with the philosophy of Sláinte care, can be supported by ED, as has already been seen by the widespread implementation of Frailty Intervention Treatment Teams within our EDs.

EM and Geriatric Emergency Care needs to be evidence based. Our patients need to have the opportunity to avail of the innovation, knowledge and the rigor of an academically driven specialty, guided by consultants in EM who strive for the creation of new knowledge that improves people’s lives. Our research agenda must now focus on our elderly patients and how we can best utilise our finite resources to improve emergency care for our elderly and how best we can make our emergency departments elder attuned.

We have a wealth of talented and hard-working consultants and trainees in this unique country, which, despite the hardships, we connect with and call home. Given Irish EM's achievements over the past 30 years, I know we can tackle the challenge of our aging demographic with dedication, ingenuity, and energy and will continue to serve, add value and answer our people’s call.

References

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